



# **2003 CONSUMER SURVEY State Report**

Arizona Department of Health Services  
Division of Behavioral Health Services  
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## Executive Summary

The statewide consumer survey was conducted in Spring of 2003 jointly by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), the Tribal/Regional Behavioral Health Authorities (T/RBHAs) and their contracted service providers.

This year's survey was built on past experiences of 1999 and 2001 consumer survey efforts. Two distinct surveys, based on the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP) consumer surveys, were administered. The surveys solicited independent feedback from adults and families of youth receiving services through Arizona's public-funded behavioral health system. The surveys provided information regarding consumer perception in several domains: *general satisfaction, access to services, quality and appropriateness of services, participation in treatment, cultural sensitivity, and outcomes.*

New to this year's survey activity are the following: (1) adoption of a survey methodology that elicits provider involvement in the survey process; (2) enhanced use of survey data for continuous quality improvement; and (3) continued benchmarking with other states and state's past survey performance. Also new this year was the pilot testing of the surveys by Gila River Tribal Regional Behavioral Health Authority and the Pascua-Yaqui Tribal Regional Behavioral Health Authority. Lessons learned from the pilot test are expected to set the stage for the participation of the TRBHAs in the next survey cycle.

The MHSIP Adult Consumer Survey was distributed to a statewide sample of 2,567 adult clients. ***The statewide response rate was 78% for adults.*** The MHSIP Youth Services Survey for Families (YSS-F) was distributed to a statewide sample of 2,250 family members. The survey was completed either by a family member, guardian, or adult accompanying the youth receiving behavioral health services. ***The statewide response rate was 79% for families of youth receiving services.*** The survey returns surpassed the state sample size of 1,540 for adults and 1,400 for YSS-F, both of which are statistically valid at a 90% confidence level and a 5% confidence interval.

***Findings of the Adult Consumer Survey showed that 88% of the respondents reported positively about general satisfaction, 77% reported positively about access to services, 88% reported positively about quality and appropriateness of services, 75% reported positively about participation in treatment planning, and 66% reported positively about outcomes.*** The above percentages across all domains registered remarkable improvement from the 2001 survey results despite the increased in demand for behavioral health services as a result of an influx of enrollees made possible by Proposition 204. The improvement in consumer perception may be attributed to the numerous initiatives that have been undertaken between 2001 and 2003 to build a better behavioral health system. Some of these initiatives are: expansion of covered services, increased Medicaid income eligibility, greater consumer and family member involvement in system oversight, provision of non-traditional behavioral health services such as housing, supported employment, and other recovery-oriented services, and the expanded use of new service delivery models such as the Assertive Community Treatment and telemedicine.

***Results of the Youth Services Survey for Family also showed remarkable improvement compared to 2001 survey results. About 80% of the respondents reported positively about general satisfaction, 78% reported positively about access to services, 85% reported positively about involvement in treatment planning, 93% reported positively on cultural sensitivity, and 62% reported positively about outcomes.*** Similar to the explanation provided above, this improvement in consumer perception implies renewed outlook of consumers towards the state behavioral health system.

In the succeeding sections of this document, results for the two surveys are discussed in detail. Several topics of interest are included in the addendum section of the document. They are: (a) benchmarking with other states, (b) benchmarking with past survey performance, (c) brief summary of the RBHA report findings (copies of the RBHA Survey Report are available from the Bureau of Quality Management and Evaluation of ADHS or from the Quality Management Offices of each of the RBHAs), (d) results of TRBHA pilot test, and (e) survey limitations, issues, and problems.

### Summary of Statewide Results

(Numbers are based on actual valid survey returns. Percentages are based on weighted scores.)

Adult Survey	Number/Percent Reporting Positively About:									
	General Satisfaction		Service Access		Service Quality and Appropriateness		Participation in Treatment Planning		Outcomes	
Statewide	1742	88%	1575	77%	1715	88%	1412	75%	1310	66%
CPSA 3	62	78%	61	74%	65	82%	53	71%	40	51%
CPSA 5	134	85%	105	67%	132	85%	108	71%	90	58%
EXCEL	89	91%	76	78%	83	88%	73	79%	66	70%
NARBHA	364	92%	341	85%	357	89%	307	81%	278	70%
PGBHA	373	92%	356	89%	368	92%	294	79%	290	73%
ValueOptions	720	88%	636	79%	710	89%	577	76%	546	68%

Family Survey	Number/Percent Reporting Positively About:									
	General Satisfaction (Satisfaction with Services)		Good Access to Services		Participation in Treatment		Cultural Sensitivity		Outcomes	
Statewide	1430	80%	1413	78%	1468	85%	1531	93%	1092	62%
CPSA 3	41	77%	43	83%	43	84%	47	89%	29	57%
CPSA 5	85	76%	72	64%	87	78%	94	92%	61	55%
EXCEL	82	81%	81	83%	83	82%	94	94%	79	79%
NARBHA	186	83%	196	88%	200	91%	194	90%	139	62%
PGBHA	332	86%	338	88%	332	87%	354	94%	245	64%
ValueOptions	704	81%	683	79%	723	86%	748	94%	539	63%

Note: Statewide valid number of cases included in the analytic file is 1,986 for adults and 1,781 for youth. Survey returns were 'cleaned' of incomplete responses, duplicates, and invalid returns.



## INTRODUCTION

The Arizona Department of Health Services (ADHS) and the Tribal/Regional Behavioral Health Authorities (T/RBHA), in collaboration with their providers, administered the statewide consumer survey in spring of 2003. As in the past two survey cycles, the surveys are primarily based on the Mental Health Statistics Improvement Program (MHSIP)'s recommended Adult Survey and Youth Services Survey for Families. The use of the MHSIP surveys allow Arizona to benchmark its performance from across the nation as increasing number of states have considered adopting the MHSIP surveys.

This year's survey protocol is an outcome of a series of planning meetings conducted by ADHS. Participants in the planning meetings represented various stakeholder groups; namely: quality management staff of the T/RBHAs, consumer advocates, ADHS clinical staff and research/evaluation staff, consumer representative, service provider representative, and a representative from AHCCCS.

Compared to past methods of survey administration, this year's survey administration process actively involved the service providers. This change in distribution method is an offshoot of the goal to improve the past survey response rate and to enhance the use of survey data for continuous quality improvement at a level closer to the consumer. This year also paved the way for the Tribal Regional Behavioral Health Authorities to pilot test the MHSIP consumer surveys. Lessons learned and the results of the pilot test are discussed in the addendum section of this report.

Not only is the survey administration modified, the use of survey data is also enhanced. With the foresight to continually use the survey data to guide quality improvement initiatives statewide, the survey includes state-added questions that are consistent with the questions contained in the Independent Case Review. Thus, this gives the state the ability to cross reference findings of two major efforts undertaken to evaluate the state behavioral health system.

Analysis of the survey data is also improved. The survey data are weighted at the RBHA level to resemble the distribution of the statewide behavioral health clients. Weighted data provides more accurate estimates of the survey results when comparing across RBHAs. In the discussion, data presented in numbers correspond to the actual survey returns while the percentages are based on weighted scores. Data are not analyzed when the number of valid cases is <30. Another improvement in the analysis is the 'weaving' of both the qualitative and quantitative data to come up with an overall finding. The overall finding analysis is further enriched by comparing the survey results with the findings from other evaluation efforts such as the Independent Case Review and the FY 03 Complaint Report. Furthermore, benchmarking with other states and against past survey performance is also conducted.

The use of the survey data to inform decision making for an effective and efficient service delivery is promoted through a planned widespread dissemination of the survey results. The T/RBHAs will present and discuss the results to their respective provider groups and community stakeholders. ADHS will disseminate the results to the Human Rights Committee, Behavioral Health Planning Council, other consumer advocacy groups, and to the Governor's Office where the statewide overall satisfaction rating is reported as one of the Department's performance measure. The experience and outcome of the survey is also reported to the National Association of State Mental Health Program Directors' Research Institute (NRI), Western States Decision Support Group (WSDSG), and to the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP).

Inasmuch as this activity is conducted every other year, the next survey cycle is scheduled in 2005. Planning for this survey cycles will be conducted in Calendar Year 2004 where input from various sectors/stakeholders will be solicited. Interested parties may contact ADHS or any of the Tribal/Regional Behavioral Health Authorities.



## **SURVEY DESIGN AND METHODOLOGY**

This section deals with the planning and design phase of the survey. It includes discussion on the sampling design, survey administration method, data analysis, and training/technical assistance that were provided in the course of administering the survey.

### ***Survey Planning***

ADHS/DBHS began preparing for the 2003 consumer perception survey in the spring of 2002 with a series of planning meetings. Participants in the planning meetings represented various stakeholder groups; namely: quality management staff of the T/RBHAs, consumer advocates, ADHS clinical staff and research/evaluation staff, consumer representative, service provider representative, and a representative from AHCCCS. After reviewing the 2001 survey process, recent developments in consumer surveys across the nation, and contractual requirements regarding the administration of the consumer survey, the following focus areas were identified by the planning group: response rate, alternate distribution method, data analysis, and effective dissemination of results. A written protocol that spelled out group discussions and agreements was developed to guide the survey administration process.

### ***Sampling Design***

Two survey populations (sample frame) were identified: Adults and Children/Adolescents. Adults are defined as consumers who are 18 years or older, and are enrolled in any of the adult programs, i.e. Serious Mental Illness (SMI) and Drug/Alcohol or General Mental Health (Non-SMI). Youth is defined as persons 18 years and younger, and enrolled in the Child/Adolescent program. Eligible survey population (sample frame) includes consumers with open enrollment as of January 1, 2003 and who received at least one community-based service during the past six (6) months. A total of 48,954 adult consumers and 21,950 children/adolescents (Title XIX and Non Title XIX) or close to 70% of total enrolled population as of January 1, 2003 were eligible to participate in the survey.

Cases excluded from the sample frame have met either one of the following criteria:

- Consumers at an inpatient treatment setting when the sample frame was created;
- Consumers receiving services under a fee-for-service arrangement who are not enrolled in any of the CPSA provider networks;
- Consumers who receive services from “small” providers identified by ValueOptions;
- Consumers with no encounters submitted during the six months preceding January 1, 2003; or
- Consumers who were disenrolled at the time the sample frame was created.

ADHS/DBHS determined the state sample size stratified at the RBHA level for each of the adult and children/adolescent survey population that is statistically valid using a 90% confidence level and a confidence interval (margin of error) of 5%. The computed state sample size for adult is 1,502 and for children/adolescent is 1,411. The RBHAs later chose to adjust their corresponding RBHA sample size in order to get sufficient feedback specific to each of their provider network.

Given the sample size and the sample frame, each RBHA randomly selected the sample population by provider. A ‘control file’ containing the names of randomly selected sample with a select set of demographic information was created and distributed to providers for review. The providers reviewed the control file with respect to disenrolled cases, consumers in an inpatient treatment setting, and consumers who do not have appointment during the survey window. All these cases were replaced by randomly selected cases from the most current (as of March 2003) provider’s client list. The sample size was further



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adjusted by an oversampling of 25% to account for expected refusals, no shows, appointment cancellation, etc.

### *Survey Instruments and Administration*

Two MHSIP consumer surveys were administered in 2003: the 28-item version of the Adult Consumer Survey and the final version of the Youth Services Survey for Families (YSS-F). The Youth Services Survey (YSS) was not administered this year due to the enormous burden of administering three surveys all at the same time.

The 28-item version of the Adult Consumer Survey measure five domains:

- Consumer perception of service access
- Consumer perception of service quality or appropriateness
- Consumer perception of participation in treatment planning
- Consumer perception of outcomes
- General satisfaction

The final version of the Youth Services Survey for Families measures five domains:

- Good access to service
- Participation in treatment planning
- Cultural sensitivity
- Satisfaction with services (General satisfaction)
- Positive outcomes of services

Both surveys use a Likert Scale of 1 through 5, with 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree, plus a “not applicable” item.

The surveys consist of three parts:

- I. The MHSIP survey items described above
- II. State-added questions
  - a. For adult survey, these pertain to the consumer’s utilization of physical health services and informed consent for medications
  - b. For the YSS-F, these questions refer to the child’s utilization of physical health services, use of crisis services, basic principles of children’s services, and informed consent for medications.
- III. Open-ended questions that solicit consumer comments on what were helpful and what needs to improve.

As in the past, surveys were available to consumers in both English and Spanish versions, printed back-to-back on the forms. Some RBHAs use color-coding of surveys (by survey type and/or provider) to aid in organization and data management. Surveys were scannable using the optical character recognition (OCR) software.

Survey forms were pre-filled by ADHS with the RBHA and provider name prior to distribution to the RBHAs. RBHAs then added a unique tracking number to each survey before distributing them to the various providers while ensuring respondent confidentiality. The list containing the tracking number and identifying information of the client is secured both at the RBHA and provider sites. The primary purpose of this tracking number was to monitor possible duplication of responses. Each sample was tagged to a specific provider: consumers receiving case-management services are tagged to their case-management provider, while others are tagged to the community-based provider where they received the most recent service (based on encounters).



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ADHS/DBHS provided statewide oversight of the survey process through periodic monitoring and consultation with the RBHAs. The RBHAs provided training, direct oversight, and technical assistance to their providers, and were primarily responsible in ensuring consistent implementation of the protocol.

Surveys were administered at the provider service sites as consumers checked in for appointments. The provider used the control file to match consumer names. If a consumer name appeared on the control file, s/he was offered the survey and asked to complete it prior to leaving the provider office and to leave it in a specified drop-box. For children/adolescents receiving services, the survey was given to the parent or other responsible adult accompanying the child at the time of appointment. The survey window started on April 7, 2003 and the closing date was extended to May 30, 2003 after a mid-term evaluation of the survey administration was conducted.

### *Data Management, Analysis and Data Weighting*

All surveys, except for CPSA and a portion of NARBHA's, were scanned using Teleform. CPSA opted to do data entry of the survey results while portion of NARBHA's surveys was completed in similar manner when the ADHS' OCR Teleform software was not available. Quality assurance checks were done on these data files to ensure no data entry errors. Consumer comments were manually entered into an Access database.

Each RBHA analyzed their respective survey data using an SPSS script that was provided by ADHS/DBHS to ensure consistency in data analysis. A report outline was discussed with the RBHAs to promote consistency in the content of the RBHA reports. The RBHA analytic files were combined to make a statewide analytic file that was then analyzed as follows:

- By Domain: using the MHSIP scoring protocol, analysis includes the percent responding positively, average domain scores, and confidence interval. Data are presented statewide and by RBHA. Data are based on weighted scores and the actual number of surveys returned.
- By Survey item: analysis of the statewide average score for each item, standard deviation, and the percentage of respondents who reported positively on each item. Data are based on weighted averages.
- Sub-group analysis: breakdown analysis of the statewide domain scores by age band, gender, race, and ethnicity.
- Consumer comments: thematic analysis of written consumer comments on two areas: what was helpful and what needs improvement. Consumer comments are categorized by domain and themes are identified under each domain. The overall statewide and by RBHA themes are reported.
- State-added questions: frequency distribution of responses are reported for each question.

Weights are applied to data based on the RBHA population eligible for the survey (i.e., sample frame). The eligible survey population is determined as a more appropriate base weight as opposed to total RBHA enrolled population in view of the application of the selection (exclusion) criteria discussed in the preceding section. Weights are statistical adjustments to correct biases that may be created by non-response or unequal rates of response across regions of the state (i.e., across RBHAs). Weighting literally involves a process of statistically assigning more or less weight to some groups than others so that their distributions in the sample correspond more closely to their actual distributions in the population from which they were drawn (Kish, 1990).





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Since the sampling design involves only a single-stage stratification of the population, that is, at the RBHA level (as opposed to multistage stratification by subgroup, i.e. age, gender, race, ethnicity, program, entitlement), the weights correspond only to check the non-response or unequal rates of response of the eligible survey population as a whole irrespective of the demographic composition. To verify if this method is not biased, a test of representativeness of the statewide data by subgroup showed no statistical difference from the demographic distribution of the sample frame. Thus, the weighted data is not statistically different from the unweighted or unadjusted subgroup data.

The weight formula is simply the inverse of the sampling fraction or the proportion of survey respondents to total sample frame for each RBHA. In algebraic terms, it is given as:

$$W_{\text{RBHA}} = N/n$$

Where:

$W_{\text{RBHA}}$  = assigned weight for each RBHA  
 $N$  = total population in the sample frame  
 $n$  = total survey respondents

### *Training and Technical Assistance*

In the course of providing oversight of the statewide survey administration, ADHS extended technical assistance to the RBHA staff in a number of ways. They are as follows:

- Trained RBHA staff on the survey protocol and administration process
- Developed training kit used by RBHAs to train providers on the survey administration
- Developed a standard Spanish translation of the surveys and cover letter
- Pre-filled survey forms with RBHA and provider names
- Developed SPSS syntax used to process and analyze data
- Created a list serve for easy exchange of information, experiences, and discussion of administration issues/problems among the RBHAs and ADHS throughout the process
- Trained and assisted RBHA staff in the use of the OCR software (Teleform)
- Conducted a mid-term evaluation of the administration process which allowed sharing of experiences among the RBHAs and addressing issues in the administration process
- Developed a survey administration flow chart, time lines and deliverables for easy reference and guidance
- Assisted in processing the data through the use of the SPSS syntax
- Provided guidance in data interpretation and analytical methods

The above training and technical assistance allowed for better and consistent understanding of the survey protocol, easy access to a standard training kit to train providers on survey administration protocol, consistent method of data analysis, and fostered a participatory, collaborative effort among RBHAs and ADHS.



## SURVEY PARTICIPATION

This section provides a detailed discussion of the survey response rate and test of representativeness conducted on the sample and survey respondents relative to the sample frame (eligible survey population).

### *Response Rates*

Response rate is computed as the percentage of total surveys returned to total number of surveys distributed. 'Total number of surveys distributed' is defined as the number of cases where the client was actually approached about participating in the survey, whether they completed the survey or not. The total number of surveys returned was used as the numerator and the total number of surveys distributed was used as the denominator.

*The statewide response rate for the adult survey was 78%.*

*The statewide response rate for the YSS-F was 79%.*

Table 1: Survey Response Rates

RBHA	Surveys Distributed (a)	Surveys Returned (b)	Response Rate (b)/(a)
<b>ADULT SURVEY</b>			
CPSA 3	89	82	92%
CPSA 5	192	162	84%
EXCEL	137	102	74%
NARBHA	572	410	72%
PGBHA	502	411	82%
VALUEOPTIONS	1075	829	77%
STATEWIDE	2567	1996	78%
<b>YOUTH SURVEY FOR FAMILIES</b>			
CPSA 3	67	54	81%
CPSA 5	127	116	91%
EXCEL	129	106	82%
NARBHA	306	229	75%
PGBHA	441	392	89%
VALUEOPTIONS	1180	886	75%
STATEWIDE	2250	1783	79%

The Adult survey response rate across RBHA ranges from a low of 72% (NARBHA) to a high of 92% (CPSA 3). The Youth Services Survey for Families response rate across RBHA ranges from a low of 75% (VO and NARBHA) to a high of 91% (CPSA 5).

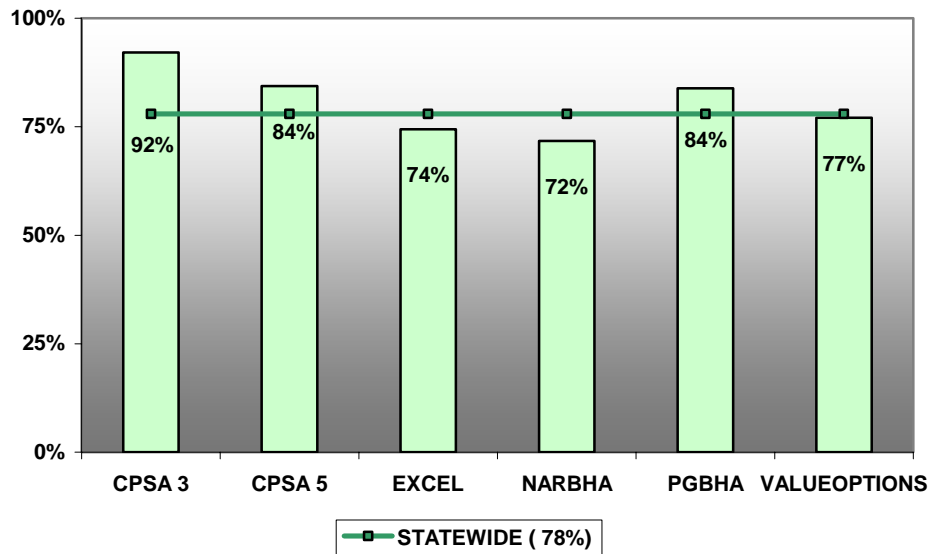
The high response rate statewide and across RBHA implies an interest among consumers to share their perception about the state behavioral health system performance. The change in survey distribution method into a more direct solicitation of consumer feedback resulted in remarkable improvement of the response rate compared to previous years where the mail distribution method was used.



Adult Survey

The graph below shows variation in the response rate by RBHA. EXCEL, NARBHA, and VALUEOPTIONS were slightly below the statewide response rate while PGBHA, CPSA 5, and CPSA 3 were above the statewide response rate.

Figure 1: Adult Survey Response Rate by RBHA



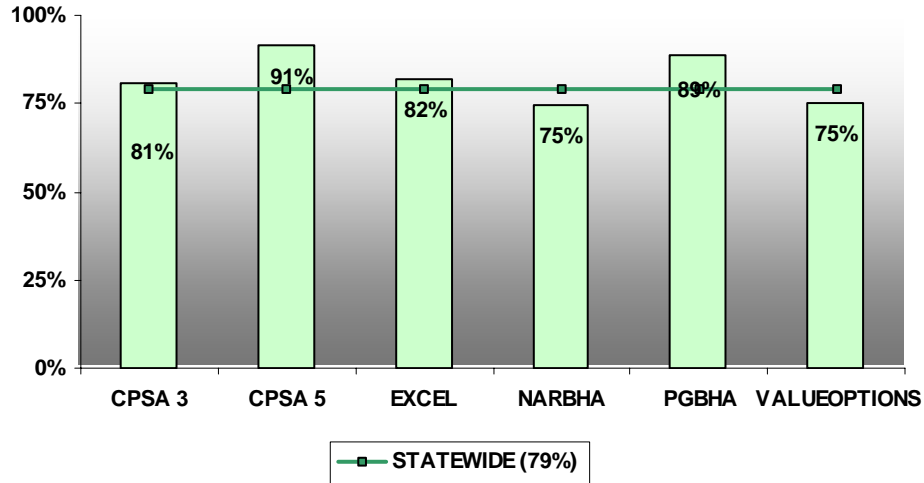
Compared to the 2001 survey cycle, the response rates were much improved, from 19% in 2001 to 78% in 2003. Thus, one of the main goals in changing the survey administration method from mail to in person was accomplished. The potential bias resulting in the variation of the rate of response among RBHAs was corrected by applying weights on the survey data.

Youth Services Survey for Families (YSS-F)

There is some variation among individual RBHA response rates, as shown in the graph below. CPSA 3, CPSA 5, EXCEL, AND PGBHA were all above the statewide response rate while VALUEOPTIONS AND NARBHA were slightly below the statewide response rate. Compared to the 2001 survey cycle, the response rates for the YSS-F were also much improved. Similar to the adult survey, the potential bias resulting in the variation of the rate of response among RBHAs was corrected by applying weights on the survey data.



Figure 2: YSS-F Response Rate by RBHA



### ***Test of Representativeness***

In order to verify the representativeness of the sample population, each RBHA completed a comparison of the sample and the sample frame with respect to the following demographic variables: entitlement status, gender, age group, race and ethnicity. This process was also completed at the state level. A yardstick of +/- 3 % for ethnicity, and +/- 5 % for all other variables was used for determining representativeness. The stricter threshold for ethnicity is to ensure that minority population is not omitted. This test of representativeness was conducted to ensure that the sample population mirrors the larger population eligible for the survey. According to the statistical test results, the sample population is considered to be representative of the sample frame.

A similar test was conducted to test the representativeness of the survey respondents. The differences between the two groups are: 10% more Title 19 respondents, 8% more female respondents, 4% more White respondents and the rest of the parameters such as other racial breakdown and ethnicity were within the +/- 3% allowable difference. None of these differences are significant to warrant statistical adjustment of the data by demographic characteristics of the population. Overall, the respondent group is not significantly different from the sample frame demographic composition.



## RESULTS

This section discusses in detail the results of the statewide survey using descriptive statistics and thematic analysis. Discussion is divided into four parts: (1) overall statewide findings – this synthesizes the findings of the survey using both the quantitative (items measured using the Likert Scale) and qualitative data (consumer comments); (2) adult survey – this presents the demographic profile of the respondents, discussion of the domain scores, average score of each survey item, results by subgroup analysis, and thematic analysis of the adult consumer comments; (3) youth services survey for families – this presents the demographic profile of the clients whose family member participated in the survey, discussion of the domain scores, average score of each survey item, results of subgroup analysis, and thematic analysis of the family member comments; and (4) state added questions – this summarizes the results of additional questions developed by the state. Data analysis is limited to state findings, with occasional reference to RBHA level findings in some sections. The provider level analysis is conducted separately by the RBHA with their respective provider groups or area agencies and is not covered in this report.

### *Overall Statewide Findings*

The surveys provided two ways in which respondents can provide feedback in their perception of the state behavioral health system performance. One is through responding to the series of items (quantitative data) and the other is through providing their comments (qualitative data). Using these two sources of information, the ‘message’ of this survey activity is determined.

The general satisfaction of both adult consumers and family members of youth receiving behavioral health services is high relative to other domains. Adult consumers reported 88% and family members reported 80%. Cultural sensitivity of staff was another area given high marks by the respondents. Both in the comments and rating section, the staff were commended on their dedication, ‘being available’, and showing respect to consumers and their families. The percent of respondents with positive response on the question of staff sensitivity on their cultural background was relatively high for both adult and family surveys. A positive feedback was also given on the quality/appropriateness of services. Consumer empowerment (i.e. helping them understand their rights, educating them about their illness, encouraging them to take responsibility for their life, providing family support, etc.) was appreciated which is evident in the number of comments received that bear this message.

Both types of surveys were clear that consumer perception of outcomes remained an area for improvement. Although some positive perception of outcomes have been reported both in the quantitative and qualitative measurement, it was evident that respondents are still challenged by their relationships, symptoms, and coping abilities.

Another area for improvement that was cited in the comments and evident in the rating scale is the need for greater access of the staff, a psychiatrist and/or counselors. In the comment section, respondents cited for more ‘quality time’ with the staff and professionals and reduced waiting time to get an appointment while the rating scale showed relatively low positive response on respondent’s ability to see their psychiatrist when they wanted to and for staff to return their calls in 24 hours. Another theme that was apparent from the comment section was dissatisfaction over staff turnover.

The state-added questions also reinforced some of the ratings provided in the survey. Consistent with the positive response received in the adult survey about receiving information on the side effects that the consumer should watch for, adult respondents positively confirmed providing consent for medication in the state-added question. A high percentage of the YSS-F respondents also confirmed providing consent for medication.

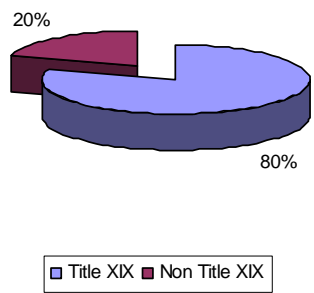


Adult Survey

Demographic Profile

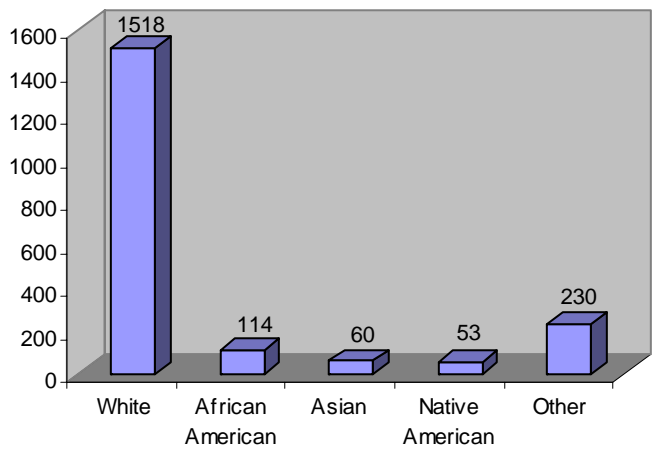
The adult respondents are made up mostly of Title-XIX clients, about a third are enrolled in the program for persons with serious mental illness and the rest is distributed between Substance Abuse and General Mental Health Programs. For gender composition, about 60% are female.

Figure 3: Entitlement Status of Adult Survey Respondents  
(Unit = Percent to Total)



The racial distribution of the respondents is as follows: majority are White (77%), followed by persons who declared a racial category of ‘Other’ (12%), African-Americans came in far third (6%), Asian (3%) and Native Americans (3%) came in fourth and fifth, respectively.

Figure 4: Racial Distribution of Adult Survey Respondents  
(Unit = Number of Respondents)

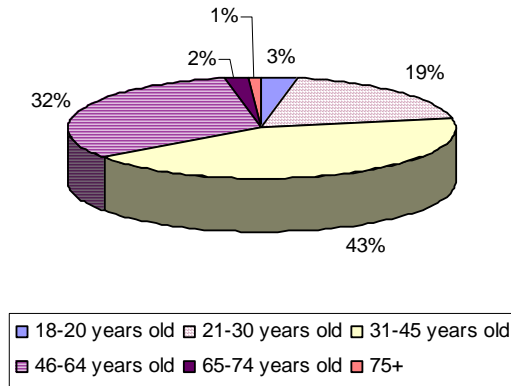




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For ethnic breakdown, about 80% reported Not Hispanic or Latino. About 40% of the respondents belong to the 31-45 age group, 30% belong to 46-64, 20% belong to 21-30, and the remaining were distributed between the 18-20 and 65+ age groups.

Figure 5: Age Distribution of Adult Survey Respondents  
(Unit = Percent to Total)



### Domain Analysis

A domain score is a composite score of the survey items that comprised a particular domain. The access domain includes questions pertaining to service location, timely response, and easy access to needed services. The quality/appropriateness of services domain includes questions on staff attitude towards consumers, consideration of cultural and personal preferences in treatment, availability of peer-support programs, and illness self management. The outcome domain includes questions on perception of functional/symptomatic improvements, social and family relationships, and sense of control over one's life. Participation in treatment planning domain is comprised of two questions pertaining to the use and solicitation of consumer input in developing the treatment plan. The general satisfaction domain is an overall assessment of the service delivery system.

The table below shows the number and percentage of respondents who responded positively (strongly agree or agree) on the survey items falling under each domain.

Table 2: Statewide Domain Scores (Adult Survey)

	Number of Positive Responses	Percent Responding Positively	Weighted Average Score	Confidence Interval*
Reporting Positively About Access	1575	77%	4.089	4.082-4.095
Reporting Positively About Quality/Appropriateness	1715	88%	4.230	4.224-4.236
Reporting Positively About Outcomes	1310	66%	3.809	3.801-3.816
Reporting Positively About Participation in Treatment Planning	1412	75%	4.158	4.151-4.164
Reporting Positively About General Satisfaction	1742	88%	4.306	4.299-4.313

\*Using a 95 confidence level. Score >3.5 implies positive response. The degree of agreement is stronger as the score approaches the value of 5.



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General satisfaction is high for about 88% of the respondents. The same rate was reported for the respondents' perception on the quality and appropriateness of services received. The service access and consumer participation in treatment planning domains posted very close percentages of positive responses, 77% and 75% respectively. Similar to the findings of the previous surveys and not too far different from the trend reported in other states, respondents' perception of outcomes trailed behind the other domains.

Table 3 below shows a RBHA comparison of the five domains:

Table 3: RBHA Domain Scores (Adult Survey)

RBHA	Domain				
	General Satisfaction	Access	Quality and Appropriateness	Participation in Treatment Planning	Outcomes
<b>Percent Responding Positively</b>					
CPSA 3	78%	74%	82%	71%	51%
CPSA 5	85%	67%	85%	71%	58%
EXCEL	91%	78%	88%	79%	70%
NARBHA	92%	85%	89%	81%	70%
PGBHA	92%	89%	92%	79%	73%
VALUEOPTIONS	88%	79%	89%	76%	68%
Statewide	88%	77%	88%	75%	66%

For the general satisfaction domain, three of the RBHAs (PGBHA, NARBHA, and EXCEL) reported higher than the statewide percentage responding positively while VALUEOPTIONS was at the statewide level. A similar pattern was observed for access to services. The quality and appropriateness domain showed only PGBHA being significantly higher than the statewide percentage while EXCEL, NARBHA and VALUEOPTIONS were either at or slightly higher than the statewide level. NARBHA posted the highest percentage responding positively for participation in treatment planning, followed by EXCEL, PGBHA, and VALUEOPTIONS. Perception of positive outcomes was highest in PGBHA, followed by EXCEL, NARBHA, and VALUEOPTIONS.

### Item Analysis

Table 4 below shows the average score for each of the survey items, including the standard deviation and the percentage of respondents who responded positively to the item.





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Table 4: Survey Item Scores (Adult Survey)

Survey Item	Weighted Average Score	Standard Deviation	Percent Responding Positively
<b>General Satisfaction:</b>			
1. I like the services that I received here.	4.36	.79	89%
2. If I had other choices, I would still get services from this agency.	4.21	.91	83%
3. I would recommend this agency to a friend or family member.	4.35	.82	88%
<b>Perception of Access:</b>			
4. The location of the services was convenient (parking, public transportation, distance, etc.)	4.09	.99	80%
5. Staff were willing to see me as often as I felt it was necessary.	4.22	.90	84%
6. Staff returned my calls in 24 hours.	4.00	1.03	75%
7. Services were available at times that were good for me.	4.23	.88	85%
8. I was able to get all the services I thought I needed.	4.10	.99	80%
9. I was able to see a psychiatrist when I wanted to.	3.88	1.08	70%
<b>Participation in Treatment Planning:</b>			
10. I felt comfortable asking questions about my treatment and medication.	4.35	.79	89%
11. I, not staff, decided my treatment goals.	3.95	.98	73%
<b>Quality/Appropriateness:</b>			
12. Staff here believe that I can grow, change and recover.	4.29	.81	85%
13. I feel free to complain.	4.18	.90	83%
14. I was given information about my rights.	4.36	.74	92%
15. Staff encouraged me to take responsibility for how I live my life.	4.28	.80	87%
16. Staff told me what side affects to watch out for.	4.14	.95	82%
17. Staff respected my wishes about who is and who is not to be given information about my treatment.	4.32	.84	88%
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	4.23	.83	82%
19. Staff helped me obtain the information I needed so that I could take charge of my managing my illness.	4.17	.88	82%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	4.12	.90	80%
<b>Outcome:</b>			
21. I deal more effectively with daily problems.	4.00	.96	75%
22. I am better able to control my life.	3.98	.94	74%
23. I am better able to deal with crisis.	3.88	.99	70%
24. I am getting along better with my family.	3.88	1.05	71%
25. I do better in social situations.	3.74	1.08	64%
26. I do better in school and/or work.	3.71	1.11	62%



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27. My housing situation has improved.	3.68	1.11	60%
28. My symptoms are not bothering me as much.	3.59	1.12	60%

The three survey items with the highest percentage of respondent agreement, from highest to lowest, are as follows:

- #14. I was given information about my rights (92%; Quality/Appropriateness).
- #10. I felt comfortable asking questions about my treatment and medication (89%; Participation in Treatment Planning); and
- #1. I like the services that I received here. (89%, General Satisfaction)
- #17. Staff respected my wishes about who is and who is not to be given information about my treatment. (88%; Quality/Appropriateness); and
- #3. I would recommend this agency to a friend or family member (88%; General Satisfaction).

The three survey items with the lowest percentage of respondent agreement, from lowest to highest, are as follows:

- #27. My housing situation has improved (60%; Outcomes); and
- #28. My symptoms are not bothering me as much (60%; Outcomes).
- #26. I do better in school and/or work (62%; Outcomes);
- #25. I do better in social situations (64%; Outcomes).

The two items with the lowest percent responding positively within the access domain are in relation to easy access of psychiatrist and timely response of staff. For the treatment planning domain, consumer participation in developing the treatment goals received significantly low rating. The quality/appropriateness domain showed clustering of positive responses among the items. Similarly, the outcome domain showed clustering of responses among the items although at a much lower level than the items in other domains.

### Subgroup Analysis

The succeeding analysis presents the statewide domain scores by respondent's demographic characteristics - race, ethnicity, age group, and gender. This also includes a discussion of the differences in perception of individuals enrolled in different programs. As may be observed in the tables and graphs presented, variations within subgroups exist. This type of information is useful in developing programs specific to certain characteristics of populations.



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Table 5: Statewide Domain Scores by Race (Adult Survey)

	Number and Percent Responding Positively									
	American Indian		Asian		African American		White		Other	
	#	%	#	%	#	%	#	%	#	%
Reporting Positively About Access	40	73%	48	77%	96	87%	1210	78%	174	72%
Reporting Positively About Quality/Appropriateness	49	95%	53	95%	100	88%	1311	88%	193	85%
Reporting Positively About Outcomes	36	68%	34	62%	79	70%	993	65%	159	69%
Reporting Positively About Participation in Treatment Planning	36	71%	41	72%	78	75%	1089	76%	160	73%
Reporting Positively About General Satisfaction	45	86%	50	80%	102	90%	1334	87%	202	88%

Table 5 above shows the highest percentage of positive response across racial categories was in the quality/appropriateness of services domain. This registered highest among Asian and American Indians at 95%. Consistently, the outcome domain posted the lowest percentage of positive responses across all racial categories with the Asian group posting the lowest percentage followed by White. The Black or African American category posted the highest percentage responding positively in the outcome domain at 70%, followed by those under the 'Other' category, and by the American Indian. General satisfaction was highest among Black or African American and lowest among Asians.

In terms of ethnic breakdown, the table below shows the distribution of respondents who responded positively in each of the domain.

Table 6: Statewide Domain Scores by Ethnicity (Adult Survey)

	Number and Percent Responding Positively			
	Hispanic/Latino		Not Hispanic/Latino	
	#	%	#	%
Reporting Positively About Access	282	75%	1094	80%
Reporting Positively About Quality/Appropriateness	304	86%	1188	89%
Reporting Positively About Outcomes	247	69%	894	66%
Reporting Positively About Participation in Treatment Planning	255	75%	983	76%
Reporting Positively About General Satisfaction	316	87%	1198	88%



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An interesting observation from Table 6 above is the relative differences in perception between Hispanic and Non Hispanic respondents in terms of service access, quality/appropriateness and outcomes. On one hand, a higher percentage of Non Hispanic/Latino respondents have a positive perception of service accessibility and service quality/appropriateness than respondents of Hispanic/Latino descent. On the other hand, a higher percentage of respondents with Hispanic/Latino descent perceived positive outcomes than Non Hispanic/Latino respondents.

Table 7 shows insignificant differences in the percentage of male and female responding positively about general satisfaction. Differences between the two gender types, however, can be observed in the access, outcome, and participation in treatment planning domains. With regard to service access, female respondents have lower positive perception than their male counterpart. The same is true for their perception of outcomes. However, in terms of participation in treatment planning, female respondents are more positive than male respondents.

Table 7: Statewide Domain Scores by Gender (Adult Survey)

	Number & Percent Responding Positively			
	Male		Female	
	#	%	#	%
Reporting Positively About Access	607	80%	966	76%
Reporting Positively About Quality/Appropriateness	646	88%	1065	88%
Reporting Positively About Outcomes	541	72%	766	62%
Reporting Positively About Participation in Treatment Planning	511	72%	898	77%
Reporting Positively About General Satisfaction	665	88%	1073	87%

Adult respondents were grouped into six age bands. Table 8 below shows the distribution of positive responses by domain by age group. For the general satisfaction domain, the 18-20 age group posted the lowest percent responding positively. Similar pattern of perception was shown for service access and service quality/appropriateness by the same age group. However, in terms of perception in outcomes and participation in treatment planning, the percentage of respondents for this age group (18-20) responding positively was third from the highest. In terms of service access, respondents in the 65-74 age group reported the highest percent responding positively. Respondents in the 46-64 age group showed the lowest percent of respondents responding positively on outcomes and treatment participation.



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Table 8: Statewide Domain by Age Group (Adult Survey)

	Number and Percent Responding Positively											
	18-20		21-30		31-45		46-64		65-74		75+	
	#	%	#	%	#	%	#	%	#	%	#	%
Reporting Positively About Access	47	76%	291	78%	683	78%	495	76%	41	89%	NA	NA
Reporting Positively About Quality/ Appropriateness	46	77%	334	92%	741	87%	536	87%	38	91%	NA	NA
Reporting Positively About Outcomes	45	68%	250	69%	568	66%	393	63%	36	79%	NA	NA
Reporting Positively About Participation in Treatment Planning	44	76%	265	78%	613	75%	437	73%	33	75%	NA	NA
Reporting Positively About General Satisfaction	52	78%	326	87%	744	86%	554	90%	43	99%	NA	NA

Note: NA means the number of valid cases, n, is < 30.

Respondents were classified under the behavioral health program in which they are enrolled. Table 9 below shows the differences in responses of individuals enrolled in the program for serious mental illness (SMI) and those enrolled in the Non-SMI program or persons receiving general mental health or substance abuse services.

Table 9: Statewide Domain Scores by Program (Adult Survey)

	Number & Percent Responding Positively			
	SMI		Non-SMI	
	#	%	#	%
Reporting Positively About Access	563	72%	1010	81%
Reporting Positively About Quality/Appropriateness	624	84%	1089	90%
Reporting Positively About Outcomes	465	61%	843	69%
Reporting Positively About Participation in Treatment Planning	516	72%	894	77%
Reporting Positively About General Satisfaction	620	83%	1120	90%

The data shows that across all domains, respondents enrolled in the Non-SMI Program are significantly more positive than those enrolled in the SMI Program. The largest difference was shown in the access and outcomes domains. For respondents enrolled in the SMI program, the outcomes, access to services and participation in treatment planning domains received the lowest percent responding positively. For persons



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in the Non-SMI program, the domains with the lowest percent responding positively were outcomes and participation in treatment planning.

### Thematic Analysis: Written Comments

The written comments are consumer responses to the open-ended questions asked in the adult survey. The survey elicited comments for the following questions:

*What have been some of the most helpful things about the services you received over the last 6 months?*

*What would improve the services that you receive here?*

Comments were tabulated and classified into positive and negative comments. They were then reviewed for presence of themes. The overall statewide themes are presented first followed by the RBHA themes (with some direct quotations from consumers).

#### Overall Statewide Themes:

- Although respondents are grateful for staff being helpful, available, friendly, and flexible, the need for more staff and professionals to give quality time to the clients during counseling was cited. Dissatisfaction with staff turnover was also cited.
- Respondents appreciated counseling services but cited need for more variety of services that complements existing services.
- Respondents cited preference for better appointment availability such as reduced waiting time for appointments and easy access to psychiatrists, counselors, and other behavioral health staff.
- Medication access is important. Availability and medication management are valued by clients as a critical factor for being able to handle their day-to-day living situation.
- Respondents reported beneficial effects of receiving information on illness self-management, counseling, skills development, parenting skills, and other similar services.

#### CPSA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Providers have been helpful with managing medication: “Availability of meds & cooperation of psychiatrist to find what works.”
- Receiving feedback and guidance with everyday issues through one-to-one and group therapy/counseling services.
- Being able to call someone during a crisis/emergency: “When I need someone to talk to, my call is returned quickly even if my counselor is off that day...”
- Coordinating transportation and food resources

*What would improve the services that you receive here?*

- More time with counselors/therapists: “Longer sessions...”; “More counseling”;
- Services could be improved through easier access to service providers with less waiting time.



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- Improved organization and communication for arranging and changing appointment times.
- Increased education about understanding and living with mental health conditions.

### EXCEL:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Consumers praise the staff for the support they had given them in the treatment process.
- The value of medication mentioned frequently: *"The therapy and medication help a lot."*
- Impact of treatment on daily living and social relationships: *"That I'm learning skills to succeed in the life I was born to live here."*

*What would improve the services that you receive here?*

- Adding more staff in order to shorten time between appointments
- Staff attitude.
- Issue of site location.
- Additional psychiatric time: *"It would help to have more time and frequency concerning sessions with a doctor or therapist."*

### NARBHA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- The level of support/encouragement from the agency and receiving information about their illness: *"Talking about issues and getting support and feedback."*
- Beneficial counseling sessions, medication management.
- Ability to talk with case manager/therapist/doctor, one-on-one services, and understanding of illness: *"The counselor has helped me get my mind on more positive outlook with my illness."*

*What would improve the services that you receive here?*

- Being able to contact the counselor/therapist more readily/frequently.
- Able to get doctor appointment in a timely manner.
- Crisis hotline is not worth using.
- Under-staffing and access to additional services (i.e., domestic violence).

### PGBHA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Satisfaction with the friendliness of staff: *"The kindness and care of the staff make a huge difference in all aspects of treatment"* and *"The staff is cheerful and courteous."*
- Satisfaction with their learned skills (i.e. coping skills, assertiveness skills, learning about their addiction, learning about their disability).
- Satisfied with the helpfulness, availability and flexibility of staff when help was needed.
- Satisfaction with the management, availability of medications and effectiveness of medications.



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*What would improve the services that you receive here?*

- Dissatisfaction with transportation such as the number of van drivers as well as the timeliness of transportation.
- Dissatisfaction with high clinical staff turnover, and time or sessions with the counselor: *“Stop losing your counselors, it is very hard to build a relationship and openness with a new counselor only to have them leave.”*

### VALUEOPTIONS:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Medication access along with support/outreach and counseling services.
- Educational services, such as parenting classes, relapse prevention, and medication/treatment awareness.
- Functional improvement
- Support/outreach.
- Appointment availability
- Symptomatic improvement.

*What would improve the services that you receive here?*

- Quality of care: *“If the doctor would listen more intensely to my feelings and concerns about some of the medications or my feedback to other med options.”*
- Appointment availability
- Outside referrals
- Staff turnover
- Education
- Dissatisfaction with transportation, education, service availability, medication, and financial services.

## ***Youth Services Survey for Families (YSS-F)***

### *Demographic Profile*

The succeeding paragraphs describe the demographic profile of the surveyed children/adolescents receiving behavioral health services and not the family member/guardian/adult companion who responded to the survey. About 85% of the survey respondents identified themselves as parent/guardian of the child/adolescent receiving services.

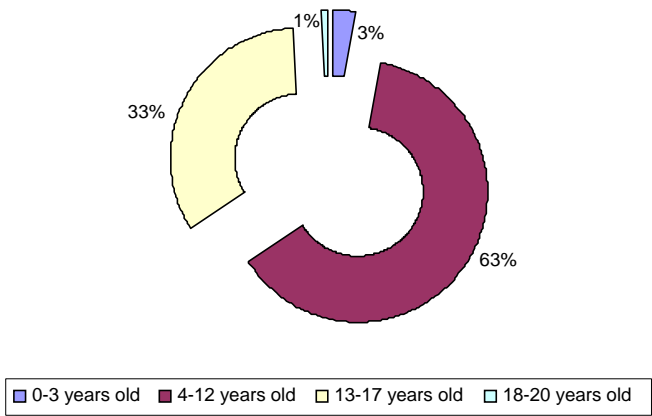
In terms of eligibility status, 88% of the surveyed youth are Title XIX eligible. Sixty-six percent (66%) are male and the majority is in the 4-12 age group, 33% are in the 13-17 age group, 3% in the 0-3 age group, and the rest in the 18-20 age group. A closer look at the latter age group shows that except for 1 case in which the individual is 19 years old (must have been enrolled in Special Education to qualify under the Children Program), all others are 18 years old.





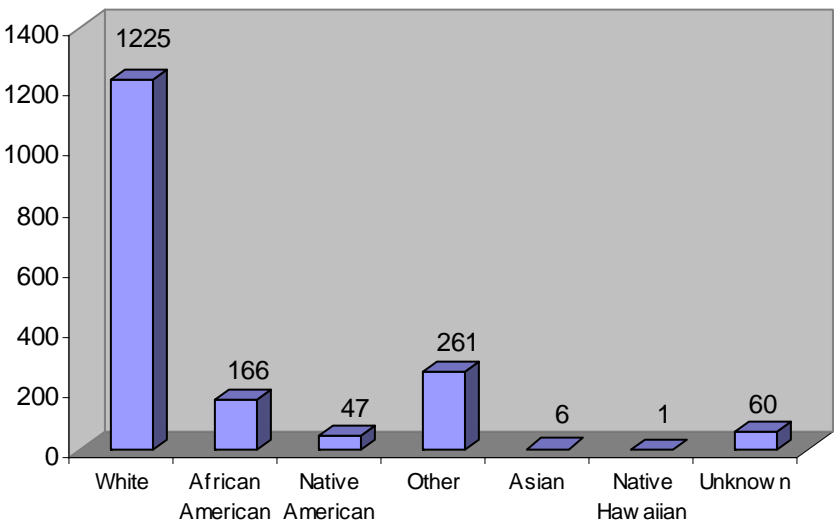
The graph below shows the distribution of the surveyed children/adolescents by age group.

Figure 6: Surveyed Children/Adolescents by Age Group Distribution  
(Unit = Percent to Total)



In terms of racial background, the surveyed children/adolescents have the following distribution: vast majority are White (69%), followed by persons who declared a racial category of ‘Other’ (15%), African-Americans came in far third (9%), and Native Americans (3%) came in fourth. In succeeding data analysis, the one Native Hawaiian respondent was included in the ‘Other’ category and the ‘Unknown’ was not included in the analysis. For the respondents’ ethnicity, 68% reported as Not Hispanic or Latino descent.

Figure 7: Surveyed Youth by Racial Distribution  
(Unit = Number of Respondents)





### Domain Analysis

A domain score is a composite score of the survey items that comprised a particular domain. For the Youth Services Survey for Families, the five domains differed (but with semblance of similarity) from that of the Adult Survey. They are as follows: access domain includes questions pertaining to service location and time availability. The satisfaction with services (general satisfaction) domain includes questions on overall assessment of the service delivery system and service quality issues such as appropriateness of services and availability of needed services. The outcome domain includes questions on perception of functional/symptomatic improvements, social and family relationships, and coping abilities. Participation in treatment planning domain is comprised of three questions pertaining to the use and solicitation of consumer/family input in developing the treatment plan, setting goals, and choice of service. The cultural sensitivity domain includes staff attitude and respect towards one's culture, beliefs, and practices.

The table below shows the number and percentage of respondents who either posted strongly agree or agree on the survey items falling under each domain.

Table 10: Statewide Domain Scores (YSS-F)

	Number of Positive Responses	Percent Responding Positively	Weighted Average Score	Confidence Interval*
Reporting Positively About Access	1413	78%	4.183	4.172-4.194
Reporting Positively About Cultural Sensitivity	1531	93%	4.455	4.446-4.463
Reporting Positively About Outcomes	1092	62%	3.691	3.679-3.703
Reporting Positively About Participation in Treatment Planning	1468	85%	4.164	4.154-4.174
Reporting Positively About General Satisfaction	1430	80%	4.123	4.112-4.134

\*Using a 95 confidence level. Score >3.5 implies positive response. The degree of agreement is stronger as the score approaches the value of 5.

The domain with the highest positive response was cultural sensitivity (93%) and followed by participation in treatment planning domain (85%). Similar to the findings of the adult survey, respondents' positive perception of outcomes was the lowest. General satisfaction posted a high positive response at 80%.

Table 11 below shows the comparison of the domain scores by RBHA:

Table 11: RBHA Domain Scores (YSS-F)

	General Satisfaction	Access	Cultural Sensitivity	Participation in Treatment Planning	Outcomes
<b>Percent Responding Positively</b>					
CPSA 3	77%	83%	89%	84%	57%
CPSA 5	76%	64%	92%	78%	55%
EXCEL	81%	83%	94%	82%	79%
NARBHA	83%	88%	90%	91%	62%
PGBHA	86%	88%	94%	87%	64%
VALUEOPTIONS	81%	79%	94%	86%	63%
Statewide	80%	78%	93%	85%	62%



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PGBHA posted the highest percent (86%) responding positively for the general satisfaction domain, followed by NARBHA (83%), EXCEL and VALUEOPTIONS both at 81%. For the access domain, NARBHA and PGBHA tied at 88% of respondents with positive response, followed by EXCEL and CPSA 3 both at 83% and by VALUEOPTIONS which was slightly above the state average. All RBHAs posted high positive response for cultural sensitivity domain with three RBHAs (EXCEL, PGBHA, and VALUEOPTIONS) tied at 94%. Participation in treatment planning was highest in NARBHA, followed by PGBHA and VALUEOPTIONS. For outcomes, all RBHAs have relatively low positive response. EXCEL reported the highest percent in this domain at 79% and the lowest by CPSA 5 at 55%.

### Item Analysis

Table 12 below shows the average score for each of the survey items, including the standard deviation and the percentage of respondents who responded positively to the item.

Table 12: Survey Item Scores (YSS-F)

Survey Item	Weighted Average Score	Standard Deviation	Percent Responding Positively
<b>Access:</b>			
1. The location of services was convenient for us.	4.14	.97	81%
2. Services were available at times that were convenient for us.	4.22	.83	87%
<b>General Satisfaction:</b>			
3. Overall, I am satisfied with the services my child received.	4.25	.87	86%
4. The people helping my child stuck with us no matter what.	4.23	.93	84%
5. I felt my child had someone to talk to when he/she was troubled.	4.06	.99	78%
6. The services my child and/or family received were right for us.	4.14	.88	82%
7. My family got the help we wanted for my child.	4.10	.94	81%
8. My family got as much help as we needed for my child.	3.95	1.03	73%
<b>Planning/Involvement:</b>			
9. I helped to choose my child's services.	4.02	.93	79%
10. I helped to choose my child's treatment goals.	4.14	.85	84%
11. I participated in my child's treatment.	4.34	.72	92%
<b>Cultural Sensitivity:</b>			
12. Staff treated me with respect.	4.50	.69	95%
13. Staff respected my family's religious/spiritual beliefs.	4.42	.69	90%
14. Staff spoke with me in a way that I understood.	4.50	.61	96%
15. Staff were sensitive to my cultural/ethnic background.	4.38	.70	89%



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<b>Positive Outcomes of Services:</b>			
16. My child is better at handling daily life.	3.83	.99	71%
17. My child gets along better with family members.	3.71	1.31	64%
18. My child gets along better with friends and other people.	3.73	.98	67%
19. My child is doing better in school and/or work.	3.80	1.06	69%
20. My child is better able to cope when things go wrong.	3.56	1.09	60%
21. I am satisfied with our family life right now.	3.50	1.13	57%

The three survey items with the highest percentage of respondent agreement, from highest to lowest, are as follows:

- #14. Staff spoke with me in a way that I understood (96%; Cultural Sensitivity).
- #12. Staff treated me with respect (95%; Cultural Sensitivity).
- #11. I participated in my child's treatment (92%; Participation in Treatment Planning).

The three survey items with the lowest percentage of respondent agreement, from lowest to highest, are as follows:

- #21. I am satisfied with our family life right now (57%; Outcomes).
- #20. My child is better able to cope when things go wrong (60%; Outcomes).
- #17. My child gets along better with family members (64%; Outcomes).

In terms of the relative ranking of items by percent responding positively within the general satisfaction domain, the perception on how much help was provided received the lowest. For the outcome domain, the items that received the lowest percent of positive response were those related to family relationships and family life. All other domains were given relatively high marks.

### Subgroup Analysis

This section discusses the results of the survey in light of the surveyed children/adolescents' demographic characteristics - race, ethnicity, age group, and gender. As may be observed in the tables and graphs presented, variations within subgroups exist. This type of information is useful in developing programs specific to certain characteristics of the population.

Table 13 below shows the cultural sensitivity domain with the highest percent responding positively, followed by participation in treatment planning domain. The cultural sensitivity domain registered highest among African American or Black and the 'Other' category both at 96%. Consistently, the outcome domain posted the lowest percent of positive responses across all races with White posting the lowest percent (59%) followed by African American (60%). The 'Other' racial category posted the highest positive response for the outcome domain. General satisfaction was highest for the 'Other' race category and the African American. The Asian group was not reported due to the small number of valid cases (n <30).



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Table 13: Statewide Domain Scores by Race (YSS-F)

	Number and Percent Responding Positively									
	American Indian		Asian		African American		White		Other	
	#	%	#	%	#	%	#	%	#	%
Reporting Positively About Access	31	69%	NA	NA	133	79%	972	78%	259	84%
Reporting Positively About Cultural Sensitivity	40	91%	NA	NA	142	96%	1034	92%	294	96%
Reporting Positively About Outcomes	NA	NA	NA	NA	99	60%	713	59%	234	75%
Reporting Positively About Participation in Treatment Planning	39	85%	NA	NA	128	78%	1014	85%	270	88%
Reporting Positively About General Satisfaction	37	78%	NA	NA	131	80%	970	79%	272	87%

Note: NA means n < 30.

The table below presents the domain scores by the surveyed children/adolescents' ethnic background.

Table 14: Statewide Domain Scores by Ethnicity (YSS-F)

	Number and Percent Responding Positively			
	Hispanic/Latino		Not Hispanic/Latino	
	#	%	#	%
Reporting Positively About Access	429	82%	890	77%
Reporting Positively About Cultural Sensitivity	488	94%	950	93%
Reporting Positively About Outcomes	358	67%	672	60%
Reporting Positively About Participation in Treatment Planning	449	87%	933	84%
Reporting Positively About General Satisfaction	447	85%	897	79%

From Table 14 above, family member respondents for surveyed children/adolescents with Hispanic/Latino descent consistently responded more positively across all domains than the family member respondents for children/adolescents of Not Hispanic/Latino descent. For youth with Hispanic/Latino descent, the highest domain with positive responses was reported on cultural sensitivity domain while the lowest was on outcome domain. A similar pattern was observed for children/adolescents not of Hispanic/Latino descent.



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Data from Table 15 below shows the percent of positive responses by gender across domains are not significantly different. The largest difference that may be observed between the two gender types is in the outcome domain. With regard to service access, female respondents have slightly higher positive perception than their male counterpart. The same is true for their perception of outcomes.

Table 15: Statewide Domain Scores by Gender (YSS-F)

	Number & Percent Responding Positively			
	Male		Female	
	#	%	#	%
Reporting Positively About Access	934	78%	479	79%
Reporting Positively About Cultural Sensitivity	1007	92%	524	94%
Reporting Positively About Outcomes	709	60%	383	65%
Reporting Positively About Participation in Treatment Planning	972	85%	496	85%
Reporting Positively About General Satisfaction	942	80%	488	82%

For the general satisfaction domain, the 13-17 age range posted the highest percent responding positively. The same age group showed similar positive perception for outcomes. However, in terms of perception in participation in treatment planning, the 13-17 age group posted the lowest. For the 0-3 age group, cultural sensitivity received the highest percentage of positive response followed by participation in treatment planning. The 4-12 and 13-17 age groups showed similar pattern.

Table 16: Statewide Domain by Age Group (YSS-F)

	Number and Percent Responding Positively							
	0-3		4-12		13-17		18-20	
	#	%	#	%	#	%	#	%
Reporting Positively About Access	41	81%	896	78%	457	78%	NA	NA
Reporting Positively About Cultural Sensitivity	44	91%	964	93%	503	92%	NA	NA
Reporting Positively About Outcomes	NA	NA	692	61%	355	61%	NA	NA
Reporting Positively About Participation in Treatment Planning	41	84%	940	85%	471	83%	NA	NA
Reporting Positively About General Satisfaction	40	75%	905	80%	468	81%	NA	NA

Note: NA means n < 30.



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### Thematic Analysis: Written Comments

Similar to the adult survey, the same two open-ended questions were asked in the Youth Services Survey for Families.

*What have been some of the most helpful things about the services you received over the last 6 months?*

*What would improve the services that you receive here?*

The same methodology was used in analyzing the comments. Comments were tabulated and classified into positive and negative comments. They were then reviewed for presence of themes. The statewide themes will first be outlined followed by the RBHA themes (with some direct quotations from consumers) presented as a response to the two open-ended questions.

#### Overall Statewide Themes:

- Respondents appreciated knowing there is someone to talk to but indicated a need for increased accessibility through appointments, improved communication, and coordination of care between staff members.
- Respondents were very satisfied with the medications their child received and felt that medications have a positive effect on their behavior.
- Respondents were satisfied with the counseling services and the dedication clinicians demonstrated. However, respondents felt their child did not have enough time or sessions with the counselor.
- Respondents requested for additional resources for services e.g. parent support groups and anger management.
- Some respondents reported that services were convenient while others expressed inconvenient service locations (they have to travel long distances).

#### CPSA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Counseling services in general, for communication and anger management coping skills: “On going medication check-ups to make sure they were working.”
- Medication management, stability with treatment staff, objectivity with youth and family issues, and mentoring: “Mentoring my son, just being there when he needed someone to talk to...”

*What would improve the services that you receive here?*

- Increased accessibility and frequency of resources, especially in crisis situations;
- Improved communication and coordination of care between staff, and by reception staff to members receiving services.
- Reduced wait time for appointments: “Faster services, faster appointment., not having to wait 2 months for appointment.”
- Provide reminder phone calls for doctor appointments, “Reminder phone calls, if schedule changes or if not the same every week.”



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- Educate members about additional resources for services; including anger management skills in therapy sessions.
- Increased consistency of staff members.

### EXCEL:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Satisfaction with the effect of prescribed medication.
- Satisfaction with the type of program chosen.
- Satisfaction with the therapy received.
- Respondents perceived improvement in their child's social interaction with family, peers and in school,: "Socialize and get along with staff and peers" and "Complete classroom assignments."

*What would improve the services that you receive here?*

- Staff availability and attitude.
- Increased availability of psychiatric time: "You should not have to wait 3 months to see a psychiatrist."

### NARBHA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Outings provided for children and having counselors to educate families on issues.
- Support of staff, skills learned through services, and medication.
- Knowing there is always someone to talk to, and support of therapists/staff: "The counselor is always available if some difficult situations come up and returns my phone calls right away."

*What would improve the services that you receive here?*

- More involvement and consistency for behavior coaches.
- On-site psychiatrist and location of clinic.
- Child psychiatry and parent support groups.
- Better communication between parents and staff.
- Appointment availability: "More therapists so clients can have more appointments with therapists" and "Sometimes it's too long between appointments with the doctor."

### PGBHA:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Satisfied with the dedication clinicians demonstrated, their willingness to listen and their willingness to give attention to the child.
- Satisfied with the medications their child received, and felt that the medications positively affected their behavior.





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- Services helpful in terms of learning better parenting skills, increasing communication, learning about anger management, and education regarding medications.
- Satisfaction and availability of provider staff at any given time. For example, a few comments stated, “*Help is always available*” or “*If he needs to talk to her she is there for him.*”

*What would improve the services that you receive here?*

- Dissatisfied with the clinical staff turnover.
- Requested their child have more time with the counselor or additional services.
- Felt their child did not have enough time with the counselor, whether it was the length or number of sessions.

### VALUEOPTIONS:

*What have been some of the most helpful things about the services you received over the last 6 months?*

- Support/outreach, medication access and educational services.
- Counseling and functional improvement.
- Access to services.
- Symptomatic improvement.

*What would improve the services that you receive here?*

- Quality of care: “*...the counseling services were not appropriate and caused further stress for my child and family. Our needs were not met or taken seriously.*”
- Appointment availability and location.
- Staff turnover, medication access, and cultural sensitivity.

### ***State-Added Questions***

#### *Adult Survey*

**Consent for medication: If you were given medication for emotional/behavioral problems, did you give your consent to the person prescribing the medication? (N = 1832)**

- 5% had not given consent
- 73% had given consent
- 6% could not remember
- 13% not given medication (question not applicable)

Additional findings:

- 90% of males reporting that they had given consent for medication compared to 95% of females.
- 95% of White and 90% of those in the “Other” racial category reported giving consent for medication.
- 90% of respondents with Hispanic/Latino descent and 95% of those with Not Hispanic/Latino descent reported providing consent.
- 96% of SMI respondents and 91% of non-SMI respondents reported giving consent for medication.



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**Receipt of Medical Care: In the last year, other than going to a hospital emergency room, did you see a doctor or nurse for a physical health check-up, physical exam or because you were physically sick?** (N = 1832)

- 70 had seen a doctor or nurse in the last year for a physical ailment
- 23% had not seen a doctor or nurse outside of the emergency room within the past year
- 5% could not remember.

Additional findings:

- Female respondents were more likely to have seen a doctor in the last year with 80% responding that they had as compared to 68% of males.
- White respondents more frequently answered that they had been to a doctor in the last year (77%) as compared to 71% of respondents in “Other” race category .
- 70% of those who were Hispanic/Latino descent answered affirmatively compared to 77% of those of Not Hispanic/Latino descent.
- 79% of those who were Title XIX had been to the doctor in the last year compared to 68% of non-Title XIX respondents.

### Youth Survey

The following questions were asked using a Likert Scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.

**My child is staying out of trouble with the law.** (N=1742)

- 94% of respondents agreed with this statement.

Additional findings:

- 89% of respondents whose child belong to the 13-17 age group agreed
- 86% of respondents whose child belong to the 18-20 age group agreed
- 93% of male respondents agreed
- 96% of female respondents agreed

**I can see my child moving toward becoming an independent adult.** (N=1742)

- 83% of respondents agreed with this statement.

Additional findings:

- 85% of respondents whose child belong to the 0 to 12 age group agreed
- 79% of respondents whose child belong to the 13-17 age group agreed
- 77% of respondents whose child belong to the 13-17 and 18-21 age groups agreed

**The treatment team has helped us find people in the community to help support our goals.** (N=1742)

- 80% of respondents agreed with this statement.

Additional findings:

- 86% of respondents with Hispanic/Latino descent agreed
- 77% of respondents Not Hispanic/Latino descent agreed
- 76% of respondents without a Child and Family Team agreed
- 84% of respondents with a Child and Family Team agreed



**Our family and other important friends are a part of the team in my child's treatment plan.**  
(N= 1710)

- 85% of respondents agreed with this statement.

Additional findings:

- 86% of respondents whose child is Title XIX eligible agreed  
78% of respondents whose child is non-Title XIX agreed
- 81% of respondents with no Child and Family Team agreed  
92% of respondents with a Child and Family Team agreed

The following questions were asked with a Yes or No response:

**My child and family got the help we needed to prevent future crisis situations for my child.** (N=1656)

- 84% of respondents gave positive response.

Additional findings:

- 82% of respondents with no Child and Family Team agreed  
88% of respondents with a Child and Family Team agreed

**Timely support has been available to handle crisis situations.** (N=1639)

- 85% of respondents gave positive response.

**The people providing services and supports for my child and/or family have worked together well.**  
(N=1692)

- 94% of respondents responded positively.

Additional findings:

- 93% of White respondents agreed with the statement  
96% of respondents in the "Other" race category agreed.
- 96% of those with Hispanic/Latino descent answered affirmatively  
93% of those who were not Hispanic/Latino descent agreed
- 93% of respondents without a Child and Family Team agreed  
96% of respondents with a Child and Family Team agreed

**In the last year, did your child see a medical doctor (or nurse) for a physical health check up or because he/she was physically sick?** (N=1742)

- 78% responded that their child had been seen by a doctor.

Additional findings:

- 79% of White respondents agreed with the statement  
75% of respondents in the "Other" race category agreed
- 72% of respondents with Hispanic/Latino descent agreed  
81% of respondents Not of Hispanic/Latino descent agreed



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**If your child was given medication for emotional/behavioral problems, did you give consent to the person prescribing your child's medication? (N=1733)**

- 92% responded that they had given consent for medication.

Additional findings:

- 93% of White respondents gave consent for medication  
88% of respondents in "Other" race category gave consent for medication
- 84% of respondents of Hispanic/Latino descent answered positively  
95% of respondents Not Hispanic/Latino descent answered positively

**If your child was given medication for emotional/behavioral problems, did the person prescribing the medication inform you about the medication, e.g. what side effects to watch for? (N=1710)**

- 89% reporting that they had been warned about potential side effects of medication given to their child.

Additional findings:

- 90% of White respondents responded positively  
85% of respondents in the 'Other' category responded positively
- 82% of respondents of Hispanic/Latino descent answered the question affirmatively  
91% of respondents Not of Hispanic/Latino descent answered the question affirmatively
- 90% of respondents whose child is Title XIX eligible responded positively  
83% of respondents whose child is Non-Title XIX responded positively



## PERFORMANCE IMPROVEMENT PLAN

This section discusses briefly the performance improvement plan of the RBHAs with regard to the findings of the statewide consumer survey. Focus is given on the RBHA plan of action on issues raised in the survey. When appropriate, the discussion is linked to the performance improvement plan submitted by the RBHAs in response to the findings of the Y2002 Independent Case Review (ICR) and a reference on the FY 2003 Complaint Report to check on consistency of issues raised.

### ***CPSA***

Some areas for improvement were found consistent in both the survey and the ICR. These are: (1) involvement in treatment planning; (2) service access; and (3) outcomes. It is also important to note that although the accessibility issue was not addressed in the ICR, 30% of the problem resolution cases and 4% of grievances filed for CPSA during FY 03 were issues related to accessibility of services. Among the initiatives discussed in the CPSA ICR Performance Improvement Plan that may have a positive ripple effect on the issues raised in the survey are the following:

- Conduct of a causal analyses to identify which networks need to work on the issues/standards;
- Training on cultural and ethics symposium
- Embedding the cultural competency requirement to contracts and QI work plan
- Rollout of the new assessment and service planning requirements
- Present data to the networks and identify strategies through the Collaborative Technical Assistance teams.

In addition, CPSA in upcoming years will disseminate and utilize the survey information to improve domain-specific service areas, as well as identify and address systemic, internal and network related process barriers.

### ***EXCEL***

An area needing improvement is that of receiving informed consent for medications, as it was an issue of concern in both the Independent Case Review and the Consumer Survey. EXCEL has identified initiatives for improvement, as follows:

- Assembling a team to determine a consistent process for securing patient consent
- Continuing to monitor performance compliance
- Complying to the requirements of the ADHS Informed Consent Project

Issues on service accessibility, family participation in treatment planning, and outcomes were likewise identified in the consumer survey as areas needing improvement. Standards evaluated in the ICR that relate to these issues, however, were found to have met the minimum requirements.

In addition, Excel will continue to address issues related to treatment outcome, access to care, tailored programs for white females, and perhaps develop a staff training module on cultural competency.

### ***NARBHA***

The underlying areas for improvement for NARBHA are service accessibility and outcomes. Standards evaluated in the ICR that relate to outcomes partially met the minimum requirements. With regard to the issue on service access that was raised in the survey but not addressed in ICR, it is important to note that



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about 80% of the problem resolution cases filed for NARBHA in FY 03 relate to service access. In addition, specific areas of concerns were raised from the survey such as the need for domestic violence services, a more functional crisis hotline, and understaffing. Although NARBHA met the ICR requirement on family involvement, this seems to remain as an issue among families.

NARBHA is yet to develop its continuous quality initiatives for issues raised in the survey. In areas that were addressed in the ICR which may bring a positive impact on some of the issues raised in the survey, NARBHA plans the following:

- Identify provider agencies not meeting the minimum performance score
- Train children's staff both on the intent of the standard and documentation requirements

In addition, NARBHA plans to develop a performance improvement plan tailored to each provider. The progress of the plan will be monitored regularly in the SAA QM meeting.

### ***PGBHA***

Several issues identified in the Consumer Survey were also mentioned in the Independent Case Review. Items in common addressed in the Performance Improvement Plan for the ICR are as follows:

- Symptomatic improvement
- Functional improvement
- Informed consent for medications

To improve symptomatic and functional outcomes, PGBHA plans to establish network wide expectations to meet the standards, including documentation in clinical records. To improve informed consent procedures, PGBHA developed the Psychotropic Medication Policy and Procedure and will establish network wide expectations to meet the standard.

In addition, PGBHA plans to measure and monitor consumer outcome via site visits. A network-wide training/notification to clinical staff regarding outcomes will be conducted. Consumers will be educated regarding realistic expectations of treatment outcomes.

### ***VALUEOPTIONS***

Adult consumers rated outcome items and informed consent for medication with low positive response similar to the low compliance rating of the standard on the Independent Case Review. Quality improvement plans include the following:

- Training, technical assistance, and monitoring to ensure that symptomatic and functional improvements are documented.
- With regard to improving the informed consent for medication rate, VO plans to incorporate their Consolidated Plan for All Populations as well as ensure that all prescribers attest to reading and following the ADHS/BHS Policy (1.7).

Newly emerging concerns raised in the survey included a need for improvement in the quality of care, increased appointment availability, improvement in outside referrals, and dissatisfaction with high staff turnover. In addition, Non-TXIX/XXI adults also expressed concern that staff were not returning their calls within 24 hours and that they had little control in the decision of their treatment goals. These issues are consistent with the reported 14% of problem resolution case related to services access and 5% of grievances on quality of care.

VO plans to use the survey findings as a platform to provide training and facilitate change at the provider level.



## TITLE XIX/XXI SURVEY ANALYSIS

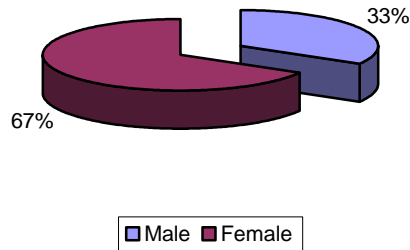
This section analyzes the results of the statewide survey using data for Title XIX/XXI respondents only. Although it is anticipated that the findings of this section are not significantly different from the discussion of the overall survey results (combined Title XIX/XXI and Non-Title XIX), this special analysis is included to provide focused discussion of the survey results from Medicaid clients.

### *Adult Survey*

#### Demographic Profile

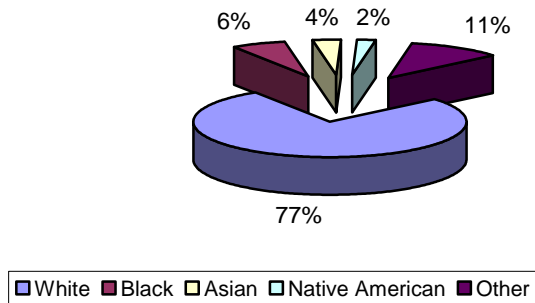
Eighty percent (n = 1483) of the respondents were Title XIX/XXI eligible. Most of the respondents were female, as shown in the graphic below.

Figure 8: Gender Distribution of TXIX/XXI Adult Respondents



The race breakdown of the clients is depicted below. As shown, the majority of respondents were White, with over ten percent reporting a race of “Other”.

Figure 9. Racial Distribution of TXIX/TXXI Adult Respondents





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In terms of ethnicity, fourteen percent of the survey respondents left this survey item blank. Of those that responded, 79% identified their ethnicity as non-Hispanic or Latino, while 21% indicated they were of Hispanic or Latino descent.

With respect to program source, 34% of the Title XIX respondents were categorized as Seriously Mentally Ill (SMI), while 66% were non-SMI (see Figure 10 below).

Figure 10: Program Distribution of TXIX/TXXI Adult Respondents

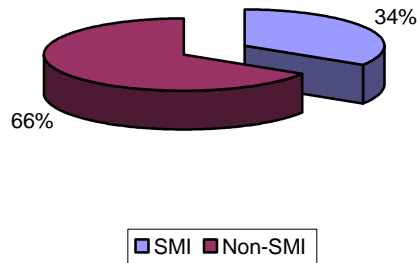
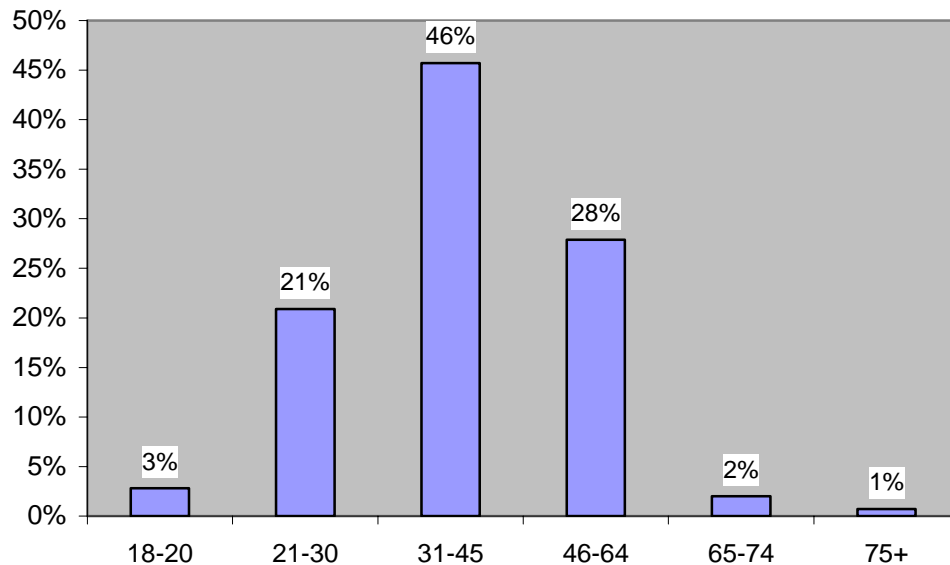


Figure 11 shows that most respondents were between the ages of 31-45 (46%), followed by 46-64 year olds (28%), and those aged 21-30 (21%).

Figure 11: Age Distribution of TXIX/TXXI Adult Respondent







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### Domain Analysis

The percentage of respondents with positive responses varied slightly across the five domains as shown in the table below. The domain with the lowest percent responding positively was the Outcome domain, with only 64% of the respondents. The domains with the highest percent responding positively were those of Quality/Appropriateness (89%) and General Satisfaction (88%).

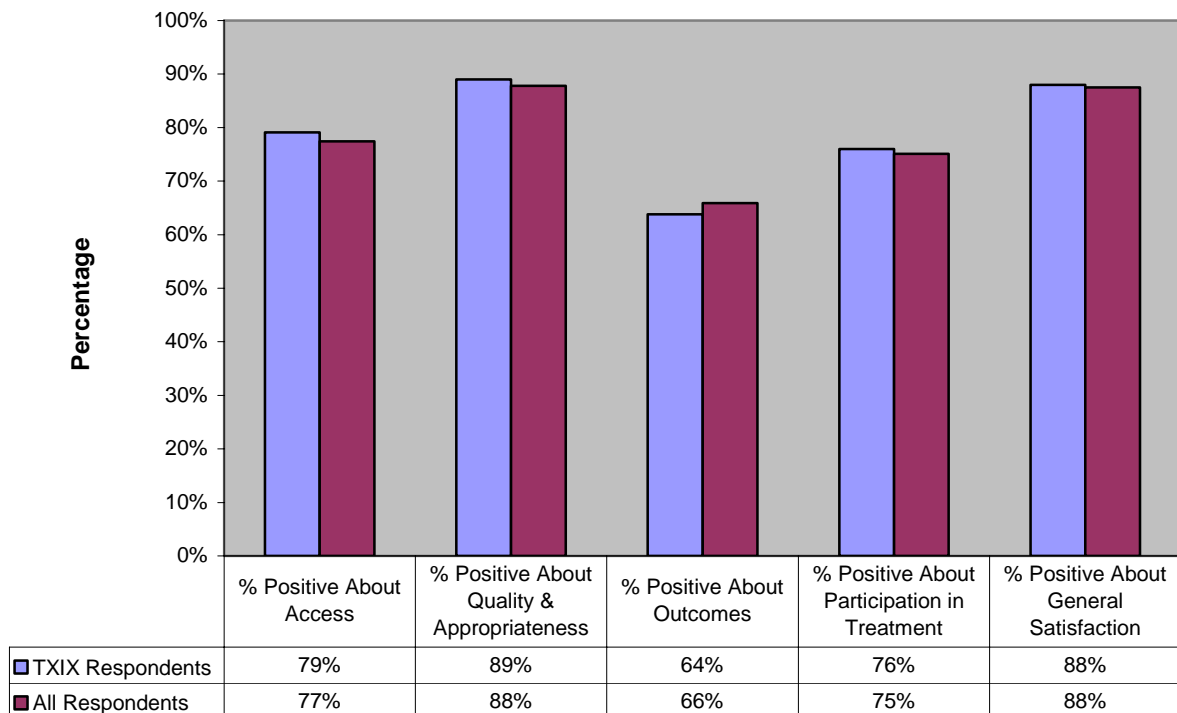
Table 17: Statewide TXIX/TXXI Domain Scores (Adult Survey)

	Number of Positive Responses	Percent Responding Positively
Percent Reporting Positively About Access	1,198	79%
Percent Reporting Positively About Quality/Appropriateness	1,294	89%
Percent Reporting Positively About Outcomes	952	64%
Percent Reporting Positively About Participation in Treatment Planning	1,057	76%
Percent Reporting Positively About General Satisfaction	1,307	88%

Comparing the Title XIX domain scores to the overall respondent domain scores, there was little difference, as shown on Table 18 below.

Table 18: Comparison of Domain Scores - TXIX Adult Respondents and Overall Statewide Results

### Title XIX/Overall Population Comparison





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The adult TXIX survey population domain scores by RBHA are shown in Table 19 below. Overall, the Outcome domain was rated the lowest consistently among all RBHAs. For four of the five domains, CPSA 3 clients had the lowest levels of positive responses (General Satisfaction, Quality/Appropriateness, Outcomes, and Participation in Treatment Planning). Conversely, PGBHA clients have the highest positive response on four of the five domains (General Satisfaction, Access, Quality/Appropriateness, and Outcomes).

Table 19: RBHA TXIX/TXXI Domain Scores (Adult Survey)

RBHA	Domain				
	General Satisfaction	Access	Quality and Appropriateness	Outcomes	Participation in Treatment Planning
<b>Percent Responding Positively</b>					
Excel	90%	75%	88%	70%	78%
ValueOptions	88%	83%	91%	65%	77%
NARBHA	91%	83%	89%	69%	81%
PGBHA	92%	88%	92%	71%	78%
CPSA 5	86%	65%	84%	57%	70%
CPSA 3	79%	76%	82%	51%	70%
Statewide	88%	79%	89%	64%	76%

### Item Analysis

The three survey items with the highest percentage of respondent agreement, from highest to lowest, are as follows:

- #14. I was given information about my rights (93%; Quality/Appropriateness).
- #10. I felt comfortable asking questions about my treatment and medication (91%; Participation in Treatment Planning).
- #1. I like the services that I received here & #3. I would recommend this agency to a friend or family member (89%; General Satisfaction).

The three survey items with the lowest percentage of respondent agreement, from lowest to highest, are as follows:

- #28. My symptoms are not bothering me as much (58%; Outcomes).
- #26. I do better in school and/or work & #27. My housing situation has improved (59%; Outcomes).
- #25. I do better in social situations (62%; Outcomes).



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Table 20: TXIX/TXXI Survey Item Scores (Adult Survey)

Survey Item	Weighted Average Score	Standard Deviation	Percent Responding Positively
<b>General Satisfaction:</b>			
1. I like the services that I received here.	4.36	0.79	89%
2. If I had other choices, I would still get services from this agency.	4.23	0.90	84%
3. I would recommend this agency to a friend or family member.	4.38	0.81	89%
<b>Perception of Access:</b>			
4. The location of the services was convenient (parking, public transportation, distance, etc.)	4.12	0.98	81%
5. Staff were willing to see me as often as I felt it was necessary.	4.23	0.91	84%
6. Staff returned my calls in 24 hours.	4.05	1.00	78%
7. Services were available at times that were good for me.	4.27	0.84	87%
8. I was able to get all the services I thought I needed.	4.13	0.98	81%
9. I was able to see a psychiatrist when I wanted to.	3.89	1.08	71%
<b>Participation in Treatment Planning:</b>			
10. I felt comfortable asking questions about my treatment and medication.	4.37	0.78	91%
11. I, not staff, decided my treatment goals.	3.98	0.96	74%
<b>Quality/Appropriateness:</b>			
12. Staff here believe that I can grow, change and recover.	4.28	0.80	85%
13. I feel free to complain.	4.23	0.85	85%
14. I was given information about my rights.	4.40	0.72	93%
15. Staff encouraged me to take responsibility for how I live my life.	4.29	0.80	87%
16. Staff told me what side affects to watch out for.	4.18	0.93	83%
17. Staff respected my wishes about who is and who is not to be given information about my treatment.	4.35	0.82	88%
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	4.26	0.81	83%
19. Staff helped me obtain the information I needed so that I could take charge of my managing my illness.	4.18	0.89	83%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	4.12	0.90	80%
<b>Outcome:</b>			
21. I deal more effectively with daily problems.	3.97	0.97	73%
22. I am better able to control my life.	3.93	0.95	70%
23. I am better able to deal with crisis.	3.84	1.01	67%
24. I am getting along better with my family.	3.85	1.08	69%
25. I do better in social situations.	3.69	1.11	62%
26. I do better in school and/or work.	3.64	1.13	59%
27. My housing situation has improved.	3.65	1.12	59%
28. My symptoms are not bothering me as much.	3.54	1.11	58%



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### Subgroup Analysis

Table 21 shows the TXIX adult domain scores by race subgroup. Overall, Black or African American respondents consistently have high positive response across all domains. 'Other' race category was lowest in the quality/appropriateness and participation in treatment planning domains while the Asian group posted the lowest percent responding positively in the service access and general satisfaction domains.

Table 21: Statewide TXIX/TXXI Domain Scores by Race (Adult Survey)

	Race									
	American Indian		Asian		African American		White		Other	
	#	%	#	%	#	%	#	%	#	%
Percent Reporting Positively About Access	NA	NA	41	73%	80	90%	919	79%	130	74%
Percent Reporting Positively About Quality/Appropriateness	30	92%	46	94%	83	90%	993	89%	140	86%
Percent Reporting Positively About Outcomes	NA	NA	NA	NA	65	71%	729	63%	109	65%
Percent Reporting Positively About Participation in Treatment Planning	NA	NA	37	75%	67	80%	812	76%	116	73%
Percent Reporting Positively About General Satisfaction	NA	NA	43	77%	85	91%	1,006	88%	143	88%

Note: NA means n < 30.

Table 22 shows the domain scores stratified by ethnicity. While the percent of client responding positively did not differ significantly depending on ethnicity, Not-Hispanic/Latino respondents rated the domains somewhat higher for three of the five domains (Access, Quality/Appropriateness, and General Satisfaction).

Table 22: Statewide TXIX/TXXI Domain Scores by Ethnicity (Adult Survey)

	Hispanic/Latino		Not Hispanic/Latino	
	#	%	#	%
Percent Reporting Positively About Access	215	78%	823	81%
Percent Reporting Positively About Quality/Appropriateness	227	88%	888	90%
Percent Reporting Positively About Outcomes	178	67%	642	63%
Percent Reporting Positively About Participation in Treatment Planning	192	77%	725	76%
Percent Reporting Positively About General Satisfaction	234	87%	890	88%



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Table 23 shows the percent of positive responses for each domain by respondents' gender. Males have slightly higher positive responses for three of the five domains (Access, Outcomes, and General Satisfaction), while for female clients Quality/Appropriateness and Participation in Treatment Planning were rated more favorably.

Table 23: Statewide TXIX/TXXI Domain Scores by Gender (Adult Survey)

	Gender			
	Male		Female	
	#	%	#	%
Percent Reporting Positively About Access	404	80%	794	78%
Percent Reporting Positively About Quality/Appropriateness	422	88%	872	89%
Percent Reporting Positively About Outcomes	341	69%	611	61%
Percent Reporting Positively About Participation in Treatment Planning	336	72%	721	78%
Percent Reporting Positively About General Satisfaction	439	89%	868	87%

The table below shows the age concentration of respondents is from 21-64 years old. Due to the low number of valid cases for 18-20, 65-74 and 75+ age groups, the data were not analyzed. Overall, respondents in the age groups of 46-64 posted lower percentage of positive responses compared to those in the other age groups.

Table 24: Statewide TXIX/TXXI Domain Scores by Age Group (Adult Survey)

	Age Group											
	18-20		21-30		31-45		46-64		65-74		75+	
	#	%	#	%	#	%	#	%	#	%	#	%
Percent Reporting Positively About Access	NA	NA	241	79%	558	81%	332	75%	NA	NA	NA	NA
Percent Reporting Positively About Quality/Appropriateness	NA	NA	279	94%	601	90%	349	85%	NA	NA	NA	NA
Percent Reporting Positively About Outcomes	NA	NA	201	68%	439	63%	249	58%	NA	NA	NA	NA
Percent Reporting Positively About Participation in Treatment Planning	NA	NA	220	79%	495	77%	285	73%	NA	NA	NA	NA
Percent Reporting Positively About General Satisfaction	35	81%	271	88%	594	87%	368	90%	NA	NA	NA	NA

Note: NA means n < 30.



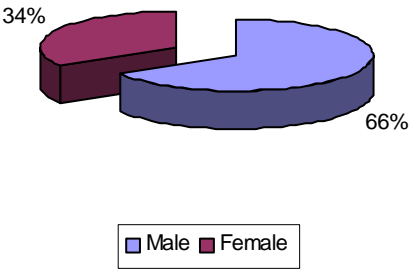
*Youth Services Survey for Families*

With 88% of total YSS-F respondents being TXIX/TXXI clients, no significant differences in results compared to the statewide YSS-F combined TXIX and Non TXIX respondents are expected.

Demographic Profile

Majority of the respondents were male, as shown in the graphic below.

Figure 12: Gender Distribution of TXIX/XXI Surveyed Youth



The race breakdown of the clients is depicted below. As shown, the majority of respondents were White, with 15% reporting a race of “Other”. In terms of ethnicity, 68% identified themselves as not-Hispanic or Latino descent, while 32% indicated they were of Hispanic or Latino descent.

Figure 13: Racial Distribution of TXIX/TXXI Surveyed Youth

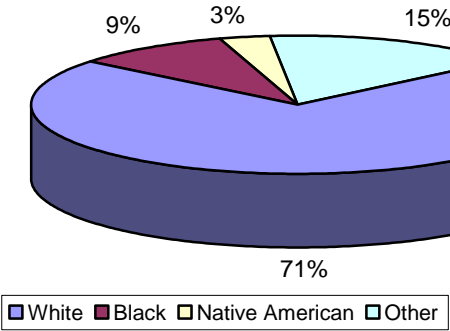
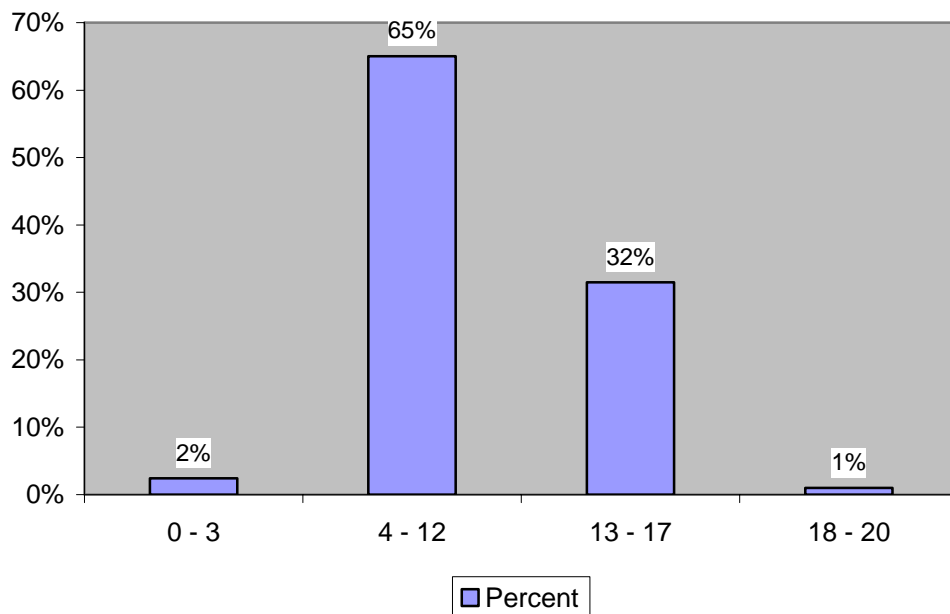




Figure 14 shows that most respondents were between the ages of 4-12 (65%), followed by 13-17 year olds (32%). Those aged 0-3 and 18-20 comprised only 3% of the total Title XIX/XXI surveyed youth.

Figure 14: Age Group Distribution of TXIX/TXXI Surveyed Youth



### Domain Analysis

The percent responding positively varied slightly across the five domains as shown in the table below. The domain with the lowest percent reporting positively was the Outcome domain, with only 62%. The domains with the highest percent reporting positively were those of Cultural Sensitivity (93%) and Participation in Treatment Planning (85%).

Table 25: Statewide TXIX/TXXI Domain Scores (YSS-F))

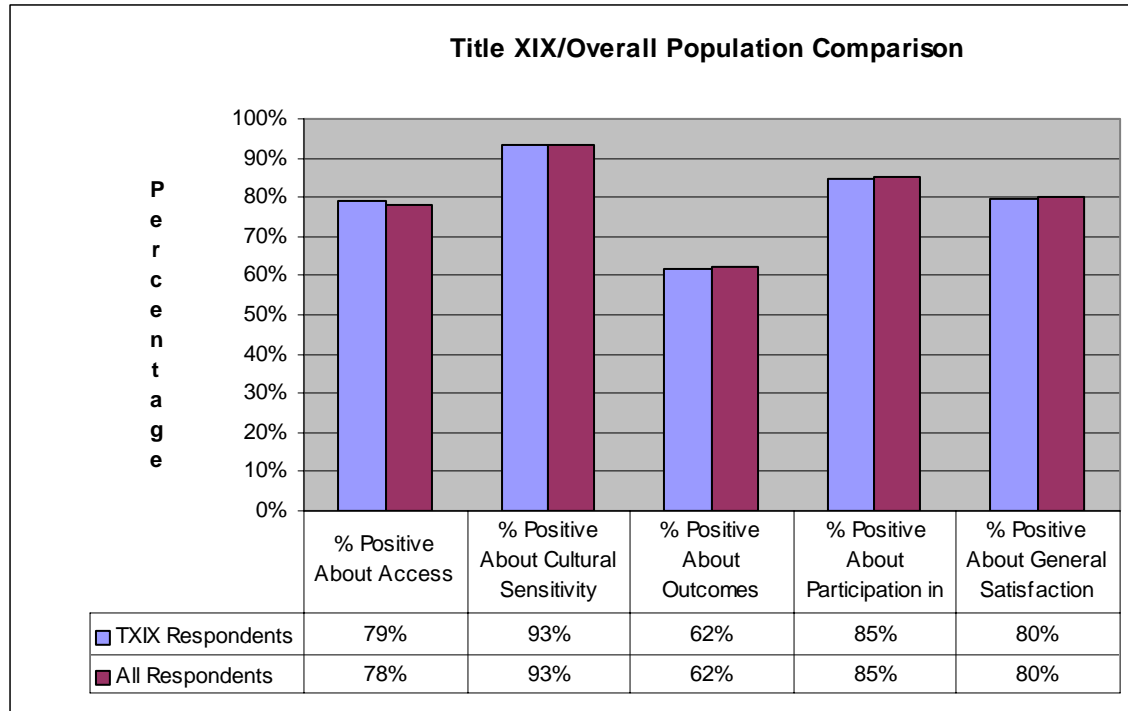
	Number of Positive Responses	Percentage
Percent Reporting Positively About Access	1,209	79%
Percent Reporting Positively About Cultural Sensitivity	1,309	93%
Percent Reporting Positively About Outcomes	929	62%
Percent Reporting Positively About Participation in Treatment Planning	1,253	85%
Percent Reporting Positively About General Satisfaction	1,218	80%



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Comparing the Title XIX/XXI domain scores to the overall respondent domain scores, there was no difference found in all but one domain, as shown below.

Table 26: Comparison of Domain Scores - TXIX YSS-F  
and Overall Statewide Results



The YSS-F TXIX/XXI domain scores by RBHA are shown in Table 27 below. Overall, the Outcome domain was rated the lowest consistently among all RBHAs, while Cultural Sensitivity was rated the highest for five of the six RBHAs. For four of the five domains, CPSA 5 clients had the lowest percent of positive responses (General Satisfaction, Access, Outcomes, and Participation in Treatment Planning). Conversely, PGBHA and Excel have the highest percent responding positively on two of the five domains.

Table 27: RBHA TXIX/TXXI Domain Scores (YSS-F)

RBHA	Domain				
	General Satisfaction	Access	Cultural Sensitivity	Outcomes	Participation in Treatment Planning
<b>Percent Responding Positively</b>					
Excel	81%	82%	95%	78%	83%
ValueOptions	80%	79%	94%	62%	85%
NARBHA	84%	88%	90%	63%	92%
PGBHA	86%	89%	94%	63%	88%
CPSA 5	75%	62%	93%	55%	78%
CPSA 3	77%	83%	92%	57%	85%
Statewide	80%	78%	93%	62%	85%





Item Analysis

Table 28 presents the results of each individual survey item.

The three survey items with the highest percentage of respondent agreement, from highest to lowest, are as follows:

- #14. Staff spoke with me in a way that I understood (97%; Cultural Sensitivity).
- #12. Staff treated me with respect (95%; Cultural Sensitivity).
- #11. I participated in my child's treatment (92%; Participation in Treatment Planning).

The three survey items with the lowest percentage of respondent agreement, from lowest to highest, are as follows:

- #21. I am satisfied with our family life right now (57%; Outcomes).
- #20. My child is better able to cope when things go wrong (60%; Outcomes).
- #17. My child gets along better with family members (64%; Outcomes).

Table 28: TXIX/TXXI Survey Item Scores (YSS-F)

Survey Item	Weighted Average Score	Standard Deviation	Percent Responding Positively
<b>Access:</b>			
1. The location of services was convenient for us.	4.15	0.97	81%
2. Services were available at times that were convenient for us.	4.23	0.84	86%
<b>General Satisfaction:</b>			
3. Overall, I am satisfied with the services my child received.	4.25	0.88	86%
4. The people helping my child stuck with us no matter what.	4.21	0.94	83%
5. I felt my child had someone to talk to when he/she was troubled.	4.04	1.00	77%
6. The services my child and/or family received were right for us.	4.14	0.89	81%
7. My family got the help we wanted for my child.	4.10	0.95	81%
8. My family got as much help as we needed for my child.	3.94	1.04	73%
<b>Planning/Involvement:</b>			
9. I helped to choose my child's services.	4.02	0.94	79%
10. I helped to choose my child's treatment goals.	4.14	0.85	84%
11. I participated in my child's treatment.	4.35	0.72	92%



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<b>Cultural Sensitivity:</b>			
12. Staff treated me with respect.	4.51	0.67	95%
13. Staff respected my family's religious/spiritual beliefs.	4.42	0.70	89%
14. Staff spoke with me in a way that I understood.	4.50	0.60	97%
15. Staff were sensitive to my cultural/ethnic background.	4.38	0.71	89%
<b>Positive Outcomes of Services:</b>			
16. My child is better at handling daily life.	3.82	1.01	70%
17. My child gets along better with family members.	3.72	1.34	64%
18. My child gets along better with friends and other people.	3.73	0.99	66%
19. My child is doing better in school and/or work.	3.81	1.06	69%
20. My child is better able to cope when things go wrong.	3.56	1.10	60%
21. I am satisfied with our family life right now.	3.50	1.13	57%

### Subgroup Analysis

Table 29 shows the TXIX/TXXI youth domain scores by racial categories. Overall, American Indian respondents showed least positively responding for three of the five domains, while Black/African Americans did so for two of the domains. Conversely, those in the "Other" race category tend to rate the domains the highest.

Table 29: Statewide TXIX/TXXI Domain Scores by Race (YSS-F)

	<b>Race</b>									
	<b>American Indian</b>		<b>Asian</b>		<b>Black</b>		<b>White</b>		<b>Other</b>	
	#	%	#	%	#	%	#	%	#	%
Reporting Positively About Access	NA	NA	NA	NA	119	82%	831	77%	185	82%
Reporting Positively About Cultural Sensitivity	37	91%	NA	NA	120	96%	890	92%	210	96%
Reporting Positively About Outcomes	NA	NA	NA	NA	80	58%	611	59%	168	75%
Reporting Positively About Participation in Treatment Planning	36	85%	NA	NA	110	79%	864	85%	194	89%
Reporting Positively About General Satisfaction	34	77%	NA	NA	110	79%	832	79%	195	86%

Note: NA means n < 30.



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Table 30 shows the YSS-F TXIX/TXXI domain scores stratified by ethnicity. Hispanic/Latino respondents consistently have higher positive response across the five domains. The largest within subgroup differences was found in the Outcome domain, with respondents of Hispanic or Latino descent significantly reporting a higher percentage of positive responses than respondents of Not Hispanic/Latino descent.

Table 30: Statewide TXIX/TXXI Domain Scores by Ethnicity (YSS-F)

	Ethnicity			
	Hispanic/Latino		Not Hispanic/Latino	
	#	%	#	%
Reporting Positively About Access	362	82%	768	77%
Reporting Positively About Cultural Sensitivity	413	95%	819	93%
Reporting Positively About Outcomes	307	68%	573	60%
Reporting Positively About Participation in Treatment Planning	381	88%	799	84%
Reporting Positively About General Satisfaction	376	84%	771	79%

Table 31 shows the domain scores by gender. Females responding positively are higher for four of the five domains (Access, Cultural Sensitivity, Outcomes, and General Satisfaction), and were equal to men for the Participation in Treatment Planning domain.

Table 31: Statewide TXIX/TXXI Domain Scores by Gender (YSS-F)

	Gender			
	Male		Female	
	#	%	#	%
Reporting Positively About Access	797	77%	412	80%
Reporting Positively About Cultural Sensitivity	861	93%	448	95%
Reporting Positively About Outcomes	606	60%	323	64%
Reporting Positively About Participation in Treatment Planning	833	85%	420	85%
Reporting Positively About General Satisfaction	806	79%	412	81%



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Table 32 shows the YSS-F TXIX/XXI domain scores by age group. Clients in the age group of 0-3 and 4-12 generally have lower percent responding positively than those in the older age category.

Table 32: Statewide TXIX/TXXI Domain Scores by Age Group (YSS-F)

	Age Group							
	0-3		4-12		13-17		18-20	
	#	%	#	%	#	%	#	%
Reporting Positively About Access	31	79%	781	78%	379	79%	NA	NA
Reporting Positively About Cultural Sensitivity	34	90%	844	93%	412	94%	NA	NA
Reporting Positively About Outcomes	NA	NA	601	61%	290	62%	NA	NA
Reporting Positively About Participation in Treatment Planning	31	82%	824	86%	383	83%	NA	NA
Reporting Positively About General Satisfaction	31	73%	790	80%	381	80%	NA	NA

Note: NA means n < 30.